

**ARIZONA DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM CENTER SITE CLAIM**

Claims must be received by the 10th of the month following the claim month. Claim(s) are to be submitted electronically at the CNP Web at <https://www.ade.az.gov/commonlogon>. Sponsor must retain a copy of claim for permanent record.

CTD # _____ **Sponsor** _____

CTDS # _____ **Site Name** _____

Address _____

Phone () _____

Claim Month/Year:

Type of Submission: ☐ **Original**
☐ **Revision**

Date of Revision _____

Program Participation

Maximum Days Served	
Average Daily Participation	
Participants Approved for Free Meals	
Participants Approved for Reduced-Price Meals	
Participants Approved for Paid Meals	
Participants Enrolled	
Number of Enrolled Participants Receiving Title XIX or XX Benefits	

Reimbursable Meals Served

Breakfast	
Morning Snack	
Lunch	
Afternoon Snack	
Supper	
Evening Snack	
At-Risk After School Snack	